

Appeal No: _____
Receipt Date: _____

Response From Director or Designee

Name of Facility: _____ Facility Code: _____

Name of Inmate: _____ ODOC Number: _____

Offense Date: _____ Offense: _____ Hearing Date: _____

____ Concur with the decision of the Facility Head

____ Reverse/Expunge

____ Rehearing Ordered/Remanded with Instructions

Review Date: _____

Director's Designee

I acknowledge receipt of this response .

Inmate's Signature

Date ____/____/____

Original: Administrative Review Authority
First Copy: Facility Where Violation Occurred
Second Copy: Inmate

DOC 060125F
(R 10/23)